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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	KOCH, Fred A.
Title	FLUIDIZED BED WASTEWATER ..
Art Unit	
Examiner Name	
Attorney Docket Number	U008 0586

I hereby appoint

☒ Practitioners associated with the Customer Number:

000720

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	FRED A. KOCH		
Signature	<i>F. Koch</i>		
Date	Feb. 13/04	Telephone	604-733-0840

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	DONALD S. MAVINIC		
Signature			
Date	Feb 13/04	Telephone	604-987-4153

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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First Named Inventor	KOCH, Fred A.
Title	FLUIDIZED BED WASTEWATER ...
Art Unit	
Examiner Name	
Attorney Docket Number	U008 0586

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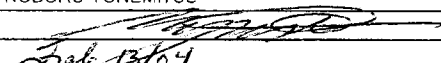
☐ The address associated with Customer Number:

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<input type="checkbox"/> Firm or Individual Name				
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	NOBORU YONEMITSU		
Signature			
Date	Feb 13/04	Telephone	604-224-5269

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Filing Date	Herewith
First Named Inventor	KOCH, Fred A.
Title	FLUIDIZED BED WASTEWATER TREATMEN
Art Unit	
Examiner Name	
Attorney Docket Number	U008 0687

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Ahren Thomas BRITTON</i>	Date	<i>July 10 2006</i>
Name	Ahren Thomas BRITTON	Telephone	<i>1-800-976-5945</i>
Title and Company	<i>CTO</i>		<i>Ostara Nutrient Recovery Tech. Inc.</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of ONE forms are submitted.

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